FILED IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALAP

CV-06-HGD-4611-S

06 NOV -6 AM 9: 39 IN FORMA PAUPERIS AFFIDAVIT 3: 06 CV 1053-
N.D. Of All All the information I have given below is true and correct, I apply to this court
for:
appointment of an attorney. authority to commence an action without prepayment of fees, costs or security.
I. PERSONAL AND FINANCIAL DATA
A. Your full name and present mailing address: TAMES JOHN PITTMAN 3350 COUNTY ROAD 94
Telephone (if any): 334 -319 -5613 CELL / 334-745-6357 WK
P. Are you presently employed? Yes No
If the answer is "yes," give the name and address of your employer and the amount of your
usual weekly salary or wages. HONDA - SUZUKI OF OFFLIKA 1110 FREDERICK ROAD ODELIKA, AL 36801
Weekly earning: \$ 451,00
If you are not presently employed, give name and address of your last employer, when you last worked, and the amount of weekly salary or wages you were receiving.
Date last worked:
Weekly earnings:

G. List the persons who are dependent upon you for support, stating your relationship to them

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nd ho	w much you contribute each year toward their support.
	Are there any other persons regularly residing in your household who are over the age of
₹.	Are there any other persons regularly residing in your node.
8 and	who are presently employed?
	the state of Naming information for each such person:
	If the answer is "yes," give the following information for each such person:
	Name:
	Name:Relationship:
	Relationship: Employer:
	Weekly earnings:
	Name:
	Name:Relationship:Employer:
	Employer'
I.	Weekly earnings: \$\frac{1}{2} \tag{\frac{1}{2}}
l. afford	Weekly earnings: \$\structure{\Sigma}\$ Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security.
I. afforc	Any other information which you believe supports your claim that you cannot financially an extensive or to make payment of court fees, costs, or security.
I. afford	Weekly earnings: \$\structure{\Sigma}\$ Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security.
	Weekly earnings: \$\sum_{Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security.
	Weekly earnings: Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security. (Attach additional sheets as needed)
I. afford II.	Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security. (Attach additional sheets as needed) EFFORTS TO OBTAIN ATTORNEY (To be completed if requesting appointment of an attorney) Have you talked with an attorney about handling your claim? Yes_X No
п.	Weekly earnings: Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security. (Attach additional sheets as needed) EFFORTS TO OBTAIN ATTORNEY (To be completed if requesting appointment of an attorney)
п.	Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security. (Attach additional sheets as needed) EFFORTS TO OBTAIN ATTORNEY (To be completed if requesting appointment of an attorney) Have you talked with an attorney about handling your claim? Yes No If "yes," give the following information about each attorney with whom you talked: FRANK RUSSO
п.	Any other information which you believe supports your claim that you cannot financially to employ an attorney or to make payment of court fees, costs, or security. (Attach additional sheets as needed) EFFORTS TO OBTAIN ATTORNEY (To be completed if requesting appointment of an attorney) Have you talked with an attorney about handling your claim? Yes No If "yes," give the following information about each attorney with whom you talked:

How (by telephone, in person, etc.) Attorney MASSEY RELFE When OCTOBER 2000 Where HIS OFFICE How (by telephone, in person, etc.) BY TELEPHONE BY TELEPHONE Explain any other efforts you have made to contact an attorney to handle your claim. FHAVE SPOKEN TO SEVERAL ATTORNIES +
Attorney MASSEY RELFE When OCTOBER 2000 Where HIS OFFICE How (by telephone, in person, etc.) BY TELEPHONE
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I HAVE STORED TO SCIENCE INTERESTED IN
EACH STATE THEY ARE NOT INTERESTED IN
THIS CASE.
2. Any other information which supports your application for the court to appoint an attorney
or you:
the last ten (10) years fo
D. Name and address of each attorney who has represented you in the last ten (10) years fo
any purpose:
TEFF WEBB MONTGOMEY, AL 334-318-047
(Attach additional sheets as needed

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(Attach additional sheets as needed

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